

Date of Issue:

**A/C Number**  
**Prop. Ref.**

**Address Of Property:**

## National Non-Domestic (Business Rates) Notification of Leaving Form

Please complete and return this form to the Business Rate Section. If you have any questions please contact the Business Rates section on the above telephone numbers.

Full name of the person(s) or Limited Company moving out of the above property.	
Please give the exact date you move out. (this is when all furniture and stock were finally removed from the property)	
Please give the new address you are/have moved to, or your correspondence address.	
If you have moved to a new business address in ELDC, will you be the ratepayer at the new address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick the relevant box to confirm if you were the owner or rented the property, and give the date of sale or when the tenancy ended.	Owner <input type="checkbox"/> Completion (sale) date: _____ Tenant <input type="checkbox"/> Tenancy end date: _____
If you have sold the property, please give the full name and address of your solicitors.	
If you have sold the property, please give the full name and previous address of the purchaser.	
If you still own the property, please tick the relevant box to confirm its current status. Please give the full name and previous address of the new occupier.	Empty for sale <input type="checkbox"/> Empty for rent <input type="checkbox"/> Rented to a tenant <input type="checkbox"/> Empty <input type="checkbox"/>
If you still own the property and have ticked the box to confirm it is for sale or rent, please give the selling/managing agents full name and address.	
If you rented the property, please give the full name and address of the owner or managing agent.	

Please give the address of any other properties for which you receive a separate Business Rates account.	
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**Declaration**

I declare the information that I have given on this form is correct to the best of my knowledge.

Signature:

Print Full Name:

Position in Company (if applicable):

Phone Number:

Date:

Email: